



Title: **Coding and Billing – Bridging the Gap**

Session: **T-2-1000** and **R-6-0800**



Objectives

- To provide attendees information that will assist them in understanding the issues and obstacles coding and billing face and explore collaborative ways to resolve them



Overview

- Provide current issues that affect both coding and billing
- Review ways that together successfully navigate those issues
- Identify and explore recommendations to collaboratively assist with current systems restrictions



Coding

- Coder's role
- Main obstacles
- Current systems applications used
- Coding follow-up and data shared



Coder's Role

- Convert medical records documentation into alpha numeric codes that clearly articulate the services which were rendered
 - Evaluation and Management
 - CPT – Procedure
 - ICD-9 – Diagnosis
 - Modifiers & Units
- Clarify ambiguous documentation
 - Conflicting documentation ancillary/staff/physician
 - AHLTA ICD-9 terminology vs. physician
 - No supporting documentation for procedures performed



Coder's Role

- Provide education and training
 - Audit results (internal/external)
 - DoD/civilian documentation guidelines
- Identify possible areas of noncompliance
 - Provider of service
 - Systems limitations
 - Conflicting guidance
- Provide leadership/MHS sound statistical data
 - Unbiased
 - Based on “official” supporting guidelines
 - Improve workflow



Obstacles

- Systems applications (CHCS/ADM/AHLTA/CCE/TPOCS)
 - Linking codes
 - Canned statements
 - Auto cite
 - NCCI and LMRP edits
- Conflicting guidance (UBU/UBO/MHS/civilian)
 - “Incident to services”
 - Observation
 - Consults
 - Present on Admission (POA)



Obstacles

- Physician compliance
 - Evaluation and Management – Disagree with documentation guidelines
 - Procedures – Lack supporting documentation
 - ICD-9 – Lack understanding from a coding perspective
- Lack of standardization
 - MHS – Inconsistencies between workload credit and coding/billing
 - Services – Unique missions
 - MTF – Broken Revenue Cycle
- Communication



Systems Applications

- CHCS/ADM
 - Limits codes
- AHLTA
 - Medical necessity
- CCE
 - Edits
- TPOCS
 - Never see it

What do they have in common?



Follow-up and Data Shared

- CHCS/ADM
 - Identify and report data issues with CHCS/ADM limitations in reporting that will impact credibility and clean claims
- AHLTA
 - Identify and report data issues with AHLTA reporting that will impact credibility and clean claims
- CCE
 - Identify and provide “need to know” information regarding CCE processes (auto releases, etc.)



Clean Claims - Billing Role with CCE

- Here is what a coder might see in CCE

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30th Medical Group
TRICARE for Life for R

Eligible: Yes
SADR Data Incomplete

OUTPATIENT RECORDS

Demographics [X]

Insurance Policy(ies) have expired.

OK

Local Info/Comments:

Command Interest:

Command Security:



Billing

- Biller's role
- Main obstacles
- Currents systems restrictions
- Follow-up and data shared



Biller's Role

- Biller may be the source of identifying issues that will require correction within the MTF. Data in the MTF's system of record must match what is submitted on the claim
 - Patient demographics
 - Provider profiles
 - MEPRS code assignment
 - Coding review and data entry; i.e., inpatient, CoPath, 100% of billables
 - Medical necessity - < 24-hour stay
 - Admitting diagnosis - Required inpatient claim



Billing Obstacles

- Incorrect demographics
- Incorrect PATCAT
- Incorrect MEPRS Codes
 - Occupational encounters
 - Civilian Provider ordered pharmacy with B-MEPRS vs. FCC MEPRS
- Non-Privileged Provider vs. Privileged Provider
 - Claims with physician services provided by tech/nurse
- Civilian Provider ordered ancillary care
 - No diagnosis in CHCS



Billing Obstacles

- NPI #'s not in CHCS provider profile
- < 24-hour inpatient stays
- Inpatient/Outpatient overlap
 - Emergency care
 - PT services
 - Other clinic services
- CoPath
 - Code for services provided does not flow to CHCS – (generic code flows) what is being billed for
- Annual code updates
 - Process for inpatient/outpatient



Q&A

Questions?